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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)

Declaration Submitted with Initial Filing

OR

Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	D-4467	•
First Named Inventor	Hoehn, Steve	
COMPLETE IF	KNOWN	_
Application Number		
Filing Date		_
Group Art Unit		
Examiner Name		_

As a below named inventor, I he	reby declare that:			
My residence, mailing address, ar	nd citizenship are as sta	ted below next to my nar	me.	
I believe I am the original, first and names are listed below) of the sub				
CONE SHAPED PO				
the specification of which	r	Title of the Invention)		
is attached hereto				
OR was filed on (MM/DD/YYYY)		as United S	tates Application i	lumber or PCT international
Application Number				(if applicable).
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I hereby state that I have reviews amended by any amendment spe	d and understand the co cifically referred to above	ontents of the above ider /e.	ntified specification	n, including the claims, as
I acknowledge the duty to disclosin-part applications, material infor PCT international filing date of the	e information which is m mation which became a e continuation-in-part ap	naterial to patentability as vallable between the filin plication.	s defined in 37 CF ng date of the prior	R 1.58, including for continuation- r application and the national or
I hereby claim foreign priority ber certificate, or 365(a) of any PCT America, listed below and have certificate, or any PCT internation	International application	i which designated at lea by checking the box, a	ast one country of any foreign applic	her than the United States of ation for patent or inventor's
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)		Certified Copy Attached? YES NO
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☐ Additional foreign application	numbers are listed on a	supplemental priority da	eta sheet PTO/SB	/02B attached hereto:
I hereby claim the benefit under				
Application Number(s)		e (MM/DD/YYY)	Additions	al provisional application are listed on a

[Page 1 of 2]

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DECLARATION — Utility or Design Patent Application

CARRIE AN COMMISSION CARROLL IN 1	customer Nu r Bar Code I				OR 🛣	Correspondence address below
Name Maurice L. Miller, J.	r.					
Address 10000 Shelbyvil	le Road					
Suite 112						
City Louisville				State	KY	ZIP 40223-2950
Country U.S.A.		Telephone	502-2	245-77	717	Fax 502-245-7932
I hereby declare that all statements mad are believed to be true; and further that made are punishable by fine or imprisor validity of the application or any patent is	these state ment, or bo	ments wer	re made wi	th the kr	owledge that will	ul false statements and the like so
NAME OF SOLE OR FIRST INV	ENTOR:			A petiti	on has been fi	ed for this unsigned inventor
Given Name Stever	1	,		Family or Surn		1
Inventor's Signature			•			Date 2-21-02
Residence: City Corydon			State IN		Country U.S.A	Citizenship U.S.A.
Mailing Address P.O. Box 15	9					
Mailing Address						
_{Cky} Corydon	State IN			ZIP	47112	Country U.S.A.
NAME OF SECOND INVENTOR				A petit	ion has been fi	ed for this unsigned inventor
Given Name (first and middle [if any])				Family or Sum		
Inventor's			,			Date
Signature						
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Chy	State			ZIP	-	Country
Additional inventors are being named	on the	suppleme	ntal Additlo	nal Inven	tor(s) sheet(s) PT	O/SB/02A attached hereto.

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Date

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NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple